



Application Form

BEng Honours in Electrical and Electronic Engineering Degree

Below sections are to be filled by the Student.

Please select the course you wish to enrol.

- Electrical and Electronic Engineering
- Electronics and Communication Engineering
- Electronics and Computer Engineering

PERSONAL DETAILS

Please use **BLOCK CAPITALS**.

Title	<input type="checkbox"/> Mr.		<input type="checkbox"/> Ms.		<input type="checkbox"/> Other _____																																			
Name with Initials																																								
Name indicated by Initials																																								
Gender	<input type="checkbox"/> Male		<input type="checkbox"/> Female		Date of Birth (YYYY/MM/DD)																																			
	<input type="checkbox"/> NIC No.		<input type="checkbox"/> Passport No.		<table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																																			
<input type="checkbox"/> Driving Licence No.																																								
Address																																								
Email																																								
Telephone	Mobile																																							
	Home																																							

ENTRY QUALIFICATIONS

A-Level Examination Results	<input type="checkbox"/> Local A-Levels		<input type="checkbox"/> London A-Levels		Year							
	Stream											
	Subject					Result		Subject			Result	
English Language	<input type="checkbox"/> Local A-Levels		<input type="checkbox"/> London A-Levels		Year							
	<input type="checkbox"/> Local O-Levels		<input type="checkbox"/> London O-Levels		Result							

Please attach copies of related Academic Certificates.

DECLARATION OF APPLICANT

Please check this box to confirm that you agree with the following statements.

"I confirm that the information given on this form is true, complete and accurate and no information requested or other material information has been omitted. I agree to abide by the rules and regulations of Sri Lanka Telecom Training Centre."

Date

Signature

MARKETING SURVEY

Please select the media source(s) through which you get to know about this course.
In completing this section, you are helping us to monitor the effectiveness of the marketing media.

<input type="checkbox"/> Newspaper	<input type="checkbox"/> Facebook	<input type="checkbox"/> SMS	<input type="checkbox"/> Friend	<input type="checkbox"/> Other
<input type="checkbox"/> TV	<input type="checkbox"/> E-Flyers	<input type="checkbox"/> Radio	<input type="checkbox"/> SLT Employee	-----

Below section is for OFFICE USE ONLY.

ADMISSION

Applicant No.		Year	
UCAS code(s)		Programme code	
Pathway		Entry Level	

Entry Qualifications

A-Level Examination Results	<input type="checkbox"/> Qualified	<input type="checkbox"/> Not-qualified
Certificates	<input type="checkbox"/> Attached	<input type="checkbox"/> Not-attached
English Language Proficiency	<input type="checkbox"/> Qualified	<input type="checkbox"/> Not-qualified
Certificates	<input type="checkbox"/> Attached	<input type="checkbox"/> Not-attached

Academic Decision

<input type="checkbox"/> Unconditional	<input type="checkbox"/> Conditional	<input type="checkbox"/> Reject
Conditions/Reason for reject		

Date

Signature

Frank